

Macmace Limited

# SureCare (Preston & South Ribble)

## Inspection report

19-21 Halliwell Street  
Chorley  
Lancashire  
PR7 2AL

Tel: 01257220319  
Website: [www.surecarepreston.co.uk](http://www.surecarepreston.co.uk)

Date of inspection visit:  
23 October 2018  
24 October 2018

Date of publication:  
28 November 2018

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on the 22 and 23 October 2018 and was announced. We gave the provider two days notice of the inspection as we needed to make sure the registered managers would be available.

At our last inspection on 18 February 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Surecare (Preston and South Ribble) is a domiciliary care agency located in Chorley, Lancashire. It provides personal care to people living in their own homes. It mainly provides a service to older adults. At the time of the inspection it provided care and support to 78 people.

The service had two registered managers in post. They knew the service well and were knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014. They demonstrated good knowledge of the needs of the management and care staffing team.

We found the service had appropriate and robust safeguarding adults procedures in place and that staff had a clear understanding of these procedures. People using the service said they felt safe and that staff treated them with kindness and understanding. Staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Medicine records showed that people were receiving their medicines, where required, as prescribed by health care professionals. People had access to health care professionals when required. Staff had completed training specific to meeting the needs of people using the service and they received regular supervision. The registered managers and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. People's care files included assessments relating to their dietary and other essential support needs.

Assessments were undertaken to identify people's support needs before they started using the service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People were aware of the complaints' procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary.

All of the people we spoke with told us staff turned up on time to deliver care that they were scheduled to complete. We saw that staff at the office used a comprehensive monitoring system so that they could see when staff had arrived at a person's home. Where staff were seen to be running late, they took action to reduce the likelihood of late calls. This system was also linked to people's care and support records including medicines documentation and was subject to regular monitoring in the office. This helped to

ensure that people received the right level of care and support at the right time.

The provider was committed to continuous improvement and used a variety of methods to assess and monitor the quality of the service. These included implementation of technology, annual satisfaction surveys, spot checks and care reviews. We found people were satisfied with the service they were receiving. The registered managers and staff were clear about their roles and responsibilities and were committed to providing a good standard of care and support to people in their care.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remained good.

### Is the service effective?

Good ●

The service remained good.

### Is the service caring?

Good ●

The service remained good.

### Is the service responsive?

Good ●

The service remained good.

### Is the service well-led?

Good ●

The service remained good.

# SureCare (Preston & South Ribble)

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection site visit activity started on 23 October 2018. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority responsible for monitoring the quality of the service to obtain their views. We used this information to help inform our inspection planning.

We visited the office location on 23 and 24 October 2018. We met with both registered managers, a representative of the provider, four members of staff including care coordinators. We looked at seven people's care records, staff training and recruitment records and records relating to the management of the service. We also spoke on the phone with four people using the service and seven of their relatives to gain their views about the care and support they received.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "Nothing bad has ever happened. I trust them completely." A person's relative talking about the service's staff said, "No problems, my relative is very comfortable with them and so am I. We couldn't have picked any better staff." People told us they tended to have regular carers and this helped them to feel confident and safe with the carers.

The service had safeguarding and whistle-blowing policies in place and staff were required to complete safeguarding training as part of their induction. We saw records that supported that this training was regularly updated and refreshed. Staff we spoke with demonstrated a clear understanding of the types of abuse that could occur in a community setting and explained what they would do if they suspected abuse. A member of staff said, "I am confident about what to do and what to look out for. I would always report concerns and know that I would be supported by the office and managers." One of the registered managers was the safeguarding lead for the service and demonstrated a clear understanding of the role and the support that should be given when allegations of abuse arose.

We looked at personnel files of six members of staff and saw that recruitment checks had taken place before they started work. Application forms had been completed documenting the qualification and experience of the applicant. There was documentation supporting an applicant's full employment history together with at least two references and a satisfactory explanation of any gaps in employment. There were also completed identity and criminal records checks made before staff started work. However, some pre-recruitment checks were not thorough enough and some files did not demonstrate all the considerations there had been in considering applicants' history before they were recruited. These issues were resolved during the inspection with additional documentation incorporated into the files.

Staff and the registered managers said that there were always enough staff on duty to support people. We saw records that supported this and the use of technology to monitor times and duration of staff visits with people. This alerted staff in the office when a call was late or could have been missed and we saw those staff made enquiries with care staff to ensure that people were kept informed. We spoke to staff who told us that they realised the importance of the monitoring system and that it helped to ensure that people were seen at the right time and for the correct amount of time. One person who used the service said, "The agency staff are punctual and reliable. We are always informed if there are delays and this nearly always is to do with traffic or weather conditions." None of the people we spoke with said that a visit had ever been missed altogether.

The registered managers said that the level and qualification of staff appointed was arranged according to the needs of people using the service. If extra support was needed to support people whose condition changed or because of staff sickness, additional staff cover was arranged. A person said, "There are always enough carers. I need two staff and they tend to be the same."

People who used the service could access support in an emergency. People had access to a carer who could escalate a concern to a manager if needed and a contact for out of hours concerns. One person said, "The

carers always come. Even at weekends and in bad weather like the snow we had earlier in the year."

People's care plans, risk assessments and medicine's records were available to all staff through an 'app' they had on their mobile phones. The central point for this system was at the office and we saw this in operation during the inspection. We noted that as soon as an alteration, amendment or change in any area of care support was made to the system, this was immediately available to staff involved in the actual care. In addition, areas of care and support that had been completed by care staff were able to be seen by office staff including medicine's administration. A member of care staff said, "The computer system assists me by letting me know, at a glance, what the current position is with the person I'm caring for. It also records with the office what support tasks I've completed and won't let me sign out of the visit until these have been completed." We checked that only authorised people could access the system and noted, for example, that authorised staff had individual passwords to access the 'app' and these were regularly changed.

We saw that people's care records included risk assessments for example, on mobility and falls. Risk assessments included information for staff about action to be taken to minimise the chance of risks occurring. We also saw up to date risk assessments had been carried out in people's homes relating to health and safety and the environment. It was noted that these were reviewed on a monthly basis by senior staff. We saw that when a person's needs changed their care plan had always been updated. This included, for example, when a health care professional had prescribed different medication. This meant that information about people's needs was updated and the care provided remained appropriate and safe.

People were happy with the support they received with their medicines. They were supported, where required, to take their medicines as prescribed by health care professionals and systems were in place to ensure that staff were aware of the level of support required. A registered manager told us that most people using the service looked after their own medicines. However, some people needed to be reminded or prompted and some people required support from staff to take medicines. Where people required prompting or support, we saw that this was recorded in their care plans. We also saw medicine administration records (MAR) completed by staff on the computerised monitoring system. These records confirmed that people had taken their medicines. Some people said staff reminded them to take their medicines and some people said staff helped them to apply creams and take their medicines. One person said, "The carer helps me with my medicines. They give me my tablets and they always write it down on their phone when they do this."

## Is the service effective?

### Our findings

People told us that well trained staff understood their care and support needs. A person using the service told us they were pleased with the staff and said, "New ones are introduced before they start on their own. Experienced staff show them all the systems and how to do the job. I think they are very well trained." A relative said, "We've got to know the staff over the years. We get a rota from the office at the beginning of the week and you can rely on it. Staff know their job well and what my relative needs."

People were supported by care workers who had the knowledge and skills to meet people's needs. Staff told us they received regular training and the records we saw supported that training was undertaken by staff at least every month. Carers told us about recent infection control training and a medicine update course and described how these had supported them in doing their job. Other staff we spoke with had completed training relevant to health and social care including the Mental Capacity Act (MCA). Mandatory training included moving and handling, safeguarding and first aid and we saw that training records were up to date and included reminders for staff to complete refresher courses. All staff new to the service had an induction process that included completion of the Care Certificate and training relevant to the needs of people using the service. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.

One of the registered managers told us that staff were allocated to support people with the experience, skills and training to meet their needs. There was a matching process in place and staff would not be permitted to support people with specific care needs or medical conditions unless they had received the appropriate training. Staff confirmed this and told us they would not be expected to support people with specific medical conditions unless they had received the appropriate training. One member of staff said, "I am helping a person with complex needs and before I started I had to go on a special course about how we should care for the person."

Staff explained how they had received supervision from their manager and we saw records that showed that staff received regular supervision and appraisals from the registered managers. One said, "I can raise any issue with the manager and owners and am always supported in my requests for additional training." All the staff we spoke with said they had access to people's care plans.

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. We were told by a registered manager and a member of staff that if the service had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and



social care professionals. This would ensure that appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf.

We did note that consideration of people's mental capacity did not form part of the regular reviews the service conducted around people's care and support requirements. This meant that any changes in capacity may not be picked up and referrals to healthcare professionals could be delayed or incomplete. A registered manager said that the system of review would be immediately amended to incorporate consideration of any changes in mental capacity. This would ensure that the service acted in a way that was consistent with the Mental Capacity Act (2005) Code of Practice (MCA) which guides staff to ensure practices are in people's best interests.

People's nutritional needs were met. It was noted that people's care plans included details of their food preferences, fluid intake and any concerns about amounts consumed. For example, in one plan there was a request from a person receiving care that said that they liked to eat little but often and the carers should be mindful of this when providing care and support. One person said, "I have my meals provided. These are always well cooked and nicely presented. Drinks are made how I like them."

Most people told us they arranged for their own appointments with health care professionals and GP's. However, a registered manager said that staff would accompany people to appointments and that additional staff would be rostered when this was required.

Staff told us they monitored people's health and wellbeing and if there were any concerns they would refer people to appropriate healthcare professionals. One person told us, "My carer is dealing with these bandages and working with the district nurses to try something different that is more comfortable."

We noted on the first day of the inspection that a person was acutely unwell in their home and that during a visit a member of staff had called an ambulance and waited with the person until the ambulance arrived. We noted that this situation was monitored by staff at the office through the computerised 'live' record system. After the emergency services had left the person's home we saw that the provider's representative had personally thanked the staff member for their actions as they had provided good support and had stayed with the person in their own time.

## Is the service caring?

### Our findings

Everyone we spoke with was complementary about the care given by the care staff and the support they received from staff at the office. One person said, "I couldn't do without them, they're very good. They talk nicely to me and make me comfortable. Sometimes they do more than they should and this is appreciated." Another said, "I'm very happy, I look forward to seeing them. They are excellent and do things at my own pace. It's like friends coming around." One relative said, "We're very pleased with them; the carers are good and friendly and will do anything you ask. They come in laughing and go out laughing. We always have a bit of fun which is lovely."

People were treated with dignity and respect. One person said, "The staff respect my privacy and are friendly and respectful." Another said, "The carers respect my privacy, they always help you and I never feel rushed." Another said, "They respect me and my home and don't take any liberties. For example they always ask me if I mind them going into the cupboards." Staff told us they maintained people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. One person said, "They encourage and support me to do as much as I can myself. They never let me down and I regard them as my friends and are part of the family really."

Staff said they knew people's preferences. One carer told us that they listened to people and gave them choices. A relative said, "The staff do things how my relative likes and always go that extra mile." A registered manager said that staff listened to people and gave them choices. This was confirmed when we spoke to one person who requested to change times of a visit at short notice because of a family function. They said, "They have been very understanding and are very adaptable. They still let me live my life in the way I want to with maximum independence."

Staff said that they read care plans and worked with people including health care professionals to deliver good care. All staff told us they record the care delivered in the daily computerised log and we saw good examples of the recording of daily care in the records that we saw at the office. These were respectfully written with the appropriate level of detail.

Staff said they made sure information about people was kept on their hand held computer device and that they were the only person who could access it. They said that any print outs of records were held at the office so that confidentiality was maintained. We saw that historic personal documentation including care plans and medicines records were kept at the main office. This meant that only authorised staff accessed people's records.

People were provided with appropriate information about the service in the form of a 'Service user's guide'. The provider's representative told us this was given to people when they started using the service. The guide included the complaint's procedure, important contact telephone numbers and the services they provided. This ensured people were aware of the standard of care they should expect. There was facility for people to be 'signposted' to other support agencies such as advocates for situations when people required the assistance of an independent voice when friends and family may be unavailable.

Staff we spoke with had a good understanding of protecting and respecting people's human rights and we noted that they had received training that included guidance in equality and diversity. The provider's policy on this was comprehensive and available to staff at the office.

## Is the service responsive?

### Our findings

People told us they received care that met their own individual needs. One person who used the service said, "They do things that I want and make me feel special. They always spend extra time with me." Another person said, "I have had to change times at short notice; they have been very understanding and very adaptable."

Staff told us that there was a system in place where they worked in pairs to provide care to those who needed it. Records we saw and a registered manager confirmed that where appropriate, staff worked in pairs. In one example we saw that two carers had assisted a person who was having difficulty with equipment that helped them mobilise. The person said, "They helped me as there was something wrong with my frame and they sent two staff round. They are very good."

Each person had been involved in an assessment of their individual needs and had a care plan in place. These assessments covered, for example, mobility, nutrition, medicines support, communication and continence. Assessments also included their personal history, diet, hobbies and interests and religious needs. We looked at the care records of people using the service. These were recorded on a computerised system that was readily accessible for staff to reference and were well organised and easy to follow. Care plans were developed outlining how people's needs were to be met and included detailed information and guidance for staff about how each person should be supported. The records showed that people using the service and their relatives, where appropriate, had been fully consulted about their needs. A relative said, "My relative has a care plan that we were all involved in setting up."

The care plans were reviewed regularly and kept up to date to make sure they met people's changing needs. All of the care plans and risk assessments we looked at had been reviewed on a monthly basis or more frequently if required. We also saw daily notes that recorded the care and support delivered to people. One relative said, "My relative's care needs have been reviewed three times since we started and we've only been with the service 11 months. Afterwards the senior carer came out to talk to us to check the care covers everything."

People said they had been consulted about their care and support needs. One person said, "They quickly established my needs. I was involved in every step." Another person said, "They are great. I was fully involved in my care plan and the regular updates that there have been." A relative said, "We have regular reviews. The senior rings and makes an appointment so we have time to discuss things and I can write any notes down."

The staff we spoke with knew people well and were able to describe how they met people's individual needs. A person said, "I always look forward to my carer coming. We can talk about anything." A member of staff said, "I know all of my clients really well and know how best to support them."

We saw that on occasions the service supported people to access the community and assisted people to attend health professional appointments. A relative said, "We thank the service for taking our relative to the day centre. We are pleased they are involved in our relative's life." A person who used the service said, "They

help me with shopping and make sure that I'm never stuck for anything."

We saw that copies of the complaints procedure were sent out to people when they started using the service. People and their relatives said they knew about the complaints procedure and would tell staff or the manager if they were not happy or if they needed to make a complaint. One person said, "We once had an issue but it was sorted out very quickly. I rang the office and they were on to it straight away." People said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary.

The manager showed us a complaints' file. The service had received 11 complaints since the last inspection. The file included a copy of the complaint's procedure and forms for recording and responding to complaints. The records showed that when concerns were raised they were investigated, responded to appropriately and, where necessary, meetings were held with the complainant and their relatives. A relative said, "We have no need to complain at the moment but know who to speak to if we had a problem." Another said, "My relative is in good hands but if I had a concern, I wouldn't hesitate to contact the office and I'm sure we'd be taken seriously."

A registered manager told us that most of the people and their relatives could communicate their needs effectively and could understand information in the current written format provided to them, for example the service users guide. They said that if any person was not able to understand this information they could provide it in different formats to meet their needs for example easy read versions or in different written languages.

## Is the service well-led?

### Our findings

People commented positively about how the service was run. They said that the service was well managed. A typical comment was, "Everything runs smoothly with no problems at all. I would recommend them to someone else."

The provider carried out checks and took action to monitor and improve the quality and safety of the service. We saw that these checks included reviews of care plans and medicine's records. The provider's representative told us that they recognised the importance of regularly monitoring the quality of the service provided to people. They showed us records of audits and spot checks including observations by the registered managers and senior staff of staff in the workplace. These checks also included training needs of staff and care and support plan checks. It was noted that in one of these audits the provider had realised lapses in training and had taken action and booked refresher courses for staff.

We noted that the provider led checks were incorporated into the office computer system and the 'app' that individual care staff accessed on their mobile phones. This meant, for example, that automated reminders were sent to staff when training was due. A member of staff said, "We all use the firm's 'app' on our phones and get regular reminders about all sort of areas of our work such as training."

Staff said that any issues and concerns were discussed when they arose and senior staff were always available to support and guide. There was also a formal situation where staff could raise matters relevant to their duties and any concerns over the people they supported. We saw minutes from the most recent team meeting on 8 October 2018. We noted that these were also available to staff for review. The meeting involved the provider giving feedback to care staff around levels of care and contact from people about the timeliness of calls. There was also discussion with staff around measures that were to be put in place around the administration of some medicines.

We saw records of unannounced spot checks on care staff to make sure people were supported in line with their care plans. A member of staff told us, "I see that the managers' spot checks are an important part of the service we provide. They make sure we are doing our jobs properly."

The agency used an electronic monitoring system to make sure that staff attended call outs at the correct time and stayed for the allotted time periods agreed in people's care contracts. We saw office staff monitoring the system throughout the course of our inspection, making sure people received care when they were supposed to and for the correct amount of time. This automated system has been commented on at length in other sections of this report.

Staff said they enjoyed working at the service and they received good support from the registered managers and office staff. A carer said, "It's really good. I get good support from the office and other staff." Another said, "The technology that has been implemented actually helps us as we have an extra pair of eyes and ears in the office that helps with communication and looking after the people we care for."

The provider took into account the views of people using the service and staff through the conduct of surveys. It was noted that there was good participation in the surveys. People using the service were contacted by mail and by phone. The provider's representative showed us user feedback forms that were completed by people and their relatives in the most recent survey in February 2018. These were generally positive and where issues were raised, we saw that the provider's representative contacted the person and took steps to resolve the matter.

In a response to the 2018 survey, we noted that one person said, "There have been occasional blips that were sorted out but overall a very good service."